Medi-Cal Fee-for-Service
Access to Care
Quarterly Monitoring Report #9
2013 Quarter 4

Physician Supply

February 2015

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Key Points

- Physician supply should not be used as the sole metric in assessing the adequacy of health care access. Rather, it must be combined with other access-related metrics to derive a holistic view of access.
- Overall findings indicate that the statewide supply of physicians potentially available to Fee-for-Service (FFS) full-scope Medi-Cal Only beneficiaries continued to grow modestly in the study period.
- Site-specific physician counts increased 3.2%, from 77,787 to 80,272.
- Site-specific primary care physician counts increased 2.9%, from 40,737 to 41,917.
- Site-specific physicians with a specialty in Obstetrics and Gynecology (OB/GYN) increased 2.4%, from 4,581 to 4,691.
- Site-specific Pediatrician counts increased 3.1%, from 7,915 to 8,162.

Introduction

Physician availability is an important first step in accessing health care, increasing the likelihood that patients receive preventive services and timely referrals to needed care. Studies have reported that a greater supply of primary care physicians is associated with lower mortality rates, longer life expectancy, and better birth outcomes. Consequently, physicians have been described as the focal point of health care delivery, providing patients with a gateway into the health system and affecting how 90% of all health care dollars are spent.[i]

Physician supply refers to the number of physicians who are potential care providers, but does not represent the number of providers who are actively rendering care. Significant changes in the supply of physicians combined with other information may provide insight into various aspects of health care access. Long-term trends may help decision-makers evaluate policies that may be inhibiting physician supply.

The counts presented in this report represent the number of physicians potentially available to provide services to Fee-for-Service (FFS) Medi-Cal beneficiaries. The site-specific physician counts reported in this section represent a system-wide metric designed to alert DHCS management to changes in the number of physicians over time. Much like an internal control, this metric was designed to identify system-wide trends that may adversely impact access to health care services in the future. Continuously monitoring these trends provides useful early warning signs that adverse changes may be materializing, or that the supply of physicians has been stable over time.

Additionally, the presented population-to-provider ratios report the number of beneficiaries enrolled under the FFS delivery of care model, with Medi-Cal coverage only (Medi-Cal Only), relative to the number of potential providers. A low ratio indicates that there is a greater number of providers relative to the population, while a high ratio indicates that there are fewer providers relative to the population. Population-to-provider ratios are useful for identifying

differences in physician supply from one geographic area to another, from one time period to another, or between the study population and another population or normative benchmark.

The term “physician supply” is not to be confused with the concept of physician participation, which is the number of physicians who actually provided or rendered services to Medi-Cal beneficiaries as measured from paid claims data. Readers should be aware that physician supply does not represent, in and of itself, a metric that can be used to assess the adequacy of health care access. Rather, it must be combined with an assessment of other access-related metrics to derive a holistic view of access.

Background

Assembly Bill 97

In March 2011, Assembly Bill (AB) 97 was signed into law and instituted a 10% reduction in Medi-Cal reimbursements to select providers. Court injunctions delayed the implementation of AB 97 until September 2013.

The reimbursement reductions do not apply to all Medi-Cal providers and services. Providers and services that are exempt from the 10% reduction in Medi-Cal reimbursement rates include but are not limited to:

- Physician services to children ages 0–20;
- Federally Qualified Health Centers (FQHCs);
- Rural Health Clinics (RHCs); and
- Breast and Cervical Cancer Treatment Program services.[1,2,3]

Medi-Cal Enrollment Transitions

Expansion of Medi-Cal Managed Care – Several subpopulations transitioned from the Fee-for-Service (FFS) health delivery system into managed care plans during the study period. For instance, 81,488 FFS Medi-Cal Only beneficiaries enrolled into a Medi-Cal managed care plan in September 2013 due to the establishment of a County Organized Health System (COHS) in Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity counties. Another 165,780 FFS Medi-Cal beneficiaries enrolled into managed care plans in November 2013 due to the establishment of managed care in Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne and Yuba counties (Table PS-1).

[1] California Assembly Bill 97, (2011).
[2] California Department of Health Care Services, Implementation of AB97 Reductions. Retrieved from http://www.dhcs.ca.gov/Documents/AB97ImplementationAnnouncemen081413.pdf
[3] California Department of Health Care Services, State Plan Amendment, SPA 11-009.

Table PS-1: FFS Medi-Cal Only Beneficiaries Transitioned to Medi-Cal Managed Care in September and November 2013

Managed Care Plan Type	Month of Transition	Transition Counties	Approximate Number of Medi-Cal Only Beneficiaries
COHS	September 2013	Del Norte	5,837
COHS	September 2013	Humboldt	19,913
COHS	September 2013	Lake	12,749
COHS	September 2013	Lassen	3,507
COHS	September 2013	Modoc	1,376
COHS	September 2013	Shasta	28,430
COHS	September 2013	Siskiyou	7,736
COHS	September 2013	Trinity	1,940
			Subtotal = 81,488
Regional/Other	November 2013	Alpine	106
Regional/Other	November 2013	Amador	2,522
Regional/Other	November 2013	Butte	28,365
Regional/Other	November 2013	Calaveras	3,817
Regional/Other	November 2013	Colusa	2,820
Regional/Other	November 2013	El Dorado	10,621
Regional/Other	November 2013	Glenn	4,514
Regional/Other	November 2013	Imperial	36,927
Regional/Other	November 2013	Inyo	1,977
Regional/Other	November 2013	Mariposa	1,669
Regional/Other	November 2013	Mono	945
Regional/Other	November 2013	Nevada	6,764
Regional/Other	November 2013	Placer	16,815
Regional/Other	November 2013	Plumas	1,622
Regional/Other	November 2013	San Benito	5,401
Regional/Other	November 2013	Sierra	257
Regional/Other	November 2013	Sutter	14,372
Regional/Other	November 2013	Tehama	10,372
Regional/Other	November 2013	Tuolumne	4,519
Regional/Other	November 2013	Yuba	11,375
			Subtotal = 165,780
			Total = 247,268

Source: Created by DHCS Research and Analytic Studies Division using data from the Management Information System/Decision Support System's (MIS/DSS) eligibility tables for December 2013. Data were extracted from MIS/DSS four months after corresponding time period to allow for updates to enrollment.

Healthy Families Transition – On January 1, 2013, DHCS began the first of four phases in 2013 to transition approximately 860,000 children from the Healthy Families Program (HFP) into Medi-Cal. To ensure minimal disruption to coverage, DHCS assigned certain children presumptive eligibility for Medi-Cal benefits under the FFS health delivery system until the date of their annual eligibility review for Medi-Cal. These children with presumptive eligibility under the FFS health delivery system are classified under the Other aid category in this report. FFS participation rates for these children are expected to decline throughout 2013 and beyond as they are redetermined into aid codes that require enrollment in a Medi-Cal managed care health plan.

Factors Influencing Physician Supply

Several factors can influence whether physician supply meets the demands of the patient population. Some of these factors are described below.

Physician Participation

Reimbursement Rates – Medicaid has historically reimbursed primary care physicians at a lower rate than private payers and Medicare. In 2012, Medicaid rates for primary care physician payments nationally averaged only 59% of Medicare rates.[ii] Primary care physicians also receive lower reimbursement rates compared to specialists. In the U.S., specialists earn an average of two and often four times as much as primary care physicians — a differential that far surpasses that in all other developed countries.[iii]

High Rate of Aging Physician Population – Efforts to train new primary care providers must keep pace with the high percentage of primary care physicians who are nearing retirement. According to a physician workforce report, more than 30% of California physicians in 2012 were ages 60 and older.[iv]

Time Spent on Administrative Tasks vs. Patient Care – In physician surveys conducted in 2004 and 2005, 70% of those not accepting new Medicaid patients into their practice cited billing requirements and paperwork, and 66% cited delayed reimbursement as the primary reason for their decision.[v]

Income to Work-Hour Trade-Off – Many physicians report working 50-60 hours per week. They also report that they would like to have more face-to-face time with patients as a higher proportion of their office time, in contrast with time spent on paperwork and administrative-type duties.[vi] Factors contributing to growing discontent and physician burnout include the increasing complexities of medical practice, a perceived loss of independence and clinical control in an increasingly cost-conscious environment, and continuous work overload.[vii]

Training and Education for Primary Care Specialties – Many factors influence a medical student's decision in choosing to enter a specialist care field versus primary care. These reasons include: their interests and abilities; desired lifestyle, prestige, and salary levels; available residency slots; perceived job availability; and expected income.[viii]

Demographics

Lack of Minority Providers in the Workforce – Minority populations are disproportionately under-represented in the physician workforce. For example, according to the Medical Board of California, Latinos, African-Americans, and Asians together comprised 57% of the California population in 2012, while only representing 28% of the California physician workforce.[ix] Of further note is that Latinos represented 38% of the population while only representing 4% of the overall physician supply in California.[x]

Urban vs. Rural – The accessibility of primary care providers and specialists is meaningful when examining the differences in provider supply between rural and urban areas. While 20% of Americans live in rural areas, only 9% of the nation's physicians practice there.[xi] Rural areas have difficulties attracting and retaining qualified health care professionals, and often lack the resources necessary to offer highly specialized services. In comparison to urban residents, patients living in rural areas have access to fewer hospital beds, physicians, nurses, and specialty providers per capita, and face increased transportation barriers.[xii] The limited supply of providers offering services in rural areas can lead to patients making fewer physician visits and seeking care later in the course of their illnesses.[xiii]

Methods

Physician Enrollment Status

The physician supply metrics reported in this study include only those physicians who have completed the Medi-Cal provider application and enrollment process, and who have a current Active (Billing) or Indirect (Rendering) enrollment status for the period reported.[xiv] Physicians with an Active status bill Medi-Cal directly. Physicians with an Indirect status render services on behalf of a medical group or clinic that bills for the services rendered.

Physicians who want to treat FFS Medi-Cal beneficiaries must apply for a Medi-Cal provider number. Applications are reviewed and processed in accordance with Medi-Cal provider enrollment statutes. The review of a physician's application package is a complex process that requires assessment of many elements of the application, including a review of the required supporting documentation to determine eligibility for enrollment into the Medi-Cal program. DHCS may conduct a background check on an applicant for the purpose of verifying information. This background check may include an unannounced onsite inspection, a review of business records, and data searches to ensure that the applicant or provider meets enrollment criteria.[4,5]

DHCS compiled physician counts and population-to-provider ratios for all physicians with an Active or Indirect status at a given location. As a main portal into the health care delivery system, primary care physicians often serve as beneficiaries' usual source of care. In this

[4] "Medi-Cal Provider Enrollment, Frequently Asked Questions," URL: http://www.dhcs.ca.gov/provgovpart/Pages/PEDFrequentlyAskedQuestions.aspx

[5] Medi-Cal Provider Agreement DHCS 6208 form; URL: https://files.medi-cal.ca.gov/pubsdoco/forms.asp

analysis, primary care physicians include physicians with specialties in General Medicine, Family Practice, Internal Medicine, Obstetrics and Gynecology (OB/GYN), and Pediatrics. Additionally, this measure presents specific analyses for OB/GYNs and Pediatricians.

Physicians Counts

There are various ways to count physicians, each of which produces different totals. Physicians can be counted by the:

- Number of distinct individual physicians or physician groups.
- Number of physicians at distinct service locations.
- Number of physicians at distinct service locations providing specific categories of service.

Some physicians may practice at multiple sites or locations. For the purpose of evaluating beneficiary access to care using physician counts, the last method is most appropriate since geographic accessibility and appropriateness of care are two major elements of access. The reporting unit for physicians in this report is the unique combination of the physician provider ID, physician location identifier, and physician type. For individual physicians, the provider ID number is their license number as reported to the Medical Board of California. All other providers, including physician groups, are traced back to their original provider number, usually to one that predates the onset of the National Provider ID (NPI). This method is necessary in order to avoid double-counting physicians who have successfully applied for multiple NPIs, a common occurrence that has a cumulative effect over time.

However, in some cases, counting distinct physicians in combination with their location may overstate physician supply. For example, if a physician practices in one office location two days per week and in another office location for the remainder of the week, but both offices are located within Sacramento County, the physician will be represented as two full-time equivalent physicians in the tables presented in this report. This scenario only modestly inflates the overall count and county-specific counts for Medi-Cal physician supply by a magnitude of roughly 400 physicians per quarter, or <1% of total physician counts.

Beneficiary-to-Provider Ratios

The numerator used for beneficiary-to-provider ratios is the population of Medi-Cal beneficiaries eligible for Medi-Cal Only and participating in the FFS health care delivery system. Beneficiaries dually eligible for both Medicare and Medicaid benefits are excluded from the numerator for this analysis.

Readers should be aware that the population eligible for Medi-Cal Only and participating in the FFS health care delivery system is not static, and population shifts from FFS to managed care delivery systems may be responsible for differences or changes in beneficiary-to-provider ratios between different counties or different periods of measurement. For this reason, both the number of physicians and the ratios are displayed.

Study Limitations

This analysis is inherently limited by the availability of data relating to physician participation. Administrative data do not denote the percentage of a given provider's hours or capacity that are devoted to treating FFS Medi-Cal beneficiaries compared with other types of health insurance for which the provider renders services (e.g., Medi-Cal managed care).

For example, when considering physician supply ratios, more than 165,000 beneficiaries shifted enrollment from FFS to Medi-Cal managed care during the study period. This resulted in a reduced number of FFS beneficiaries per provider, and when considering physician supply ratios it seemingly reflects that providers have an increased capacity to see more FFS beneficiaries. However, because it cannot be determined which of these providers also provide services to Medi-Cal beneficiaries enrolled in managed care plans, the case may be that access has not changed, but rather the beneficiaries have only changed health care delivery systems.

Data Source

The Medi-Cal Provider Master File (PMF) was used as the primary data source for measuring physician supply. Physicians were identified in the PMF as providers with a provider type of "026" (physician). Primary care physicians were selected from a narrow range of specialty areas: General Medicine, Family Practice, OB/GYN, Geriatrics, Internal Medicine, and Pediatrics.

Quarterly counts are presented in this report, based on the first month of each quarter. Only physicians enrolled and coded with a valid California county were included. The PMF presents providers in one of the following enrollment statuses: Active, Inactive, Pending, Deceased, Rejected, Suspended, Indirect/Rendering, or Temp Suspension. This report presents only counts of physicians that have a current Active or Indirect enrollment status for the period reported.

In the 2013 Quarter 3 Access to Care Monitoring Report, DHCS evaluated and refined the criteria used to classify primary care physicians, including OB/GYNs and Pediatricians. While not impacting the count of total physicians overall, this revision in methodology resulted in an increase in the number of primary care physicians reported. Historical trending of available primary care physicians can only be conducted starting with the revised counts presented in the 2013 Quarter 3 Access to Care Monitoring Report.

Results

The following sections report the number of physicians, primary care physicians, other physician specialists, and outpatient clinics. The counts of primary care physicians include the physician specialties of General Medicine, Family Practice, Internal Medicine, OB/GYN, and Pediatrics. Additionally, outpatient clinics, as well as physicians with specialties in OB/GYN and Pediatrics, are presented separately for closer analysis.

Table PS-2: Summary and Description of Physician Supply Sections

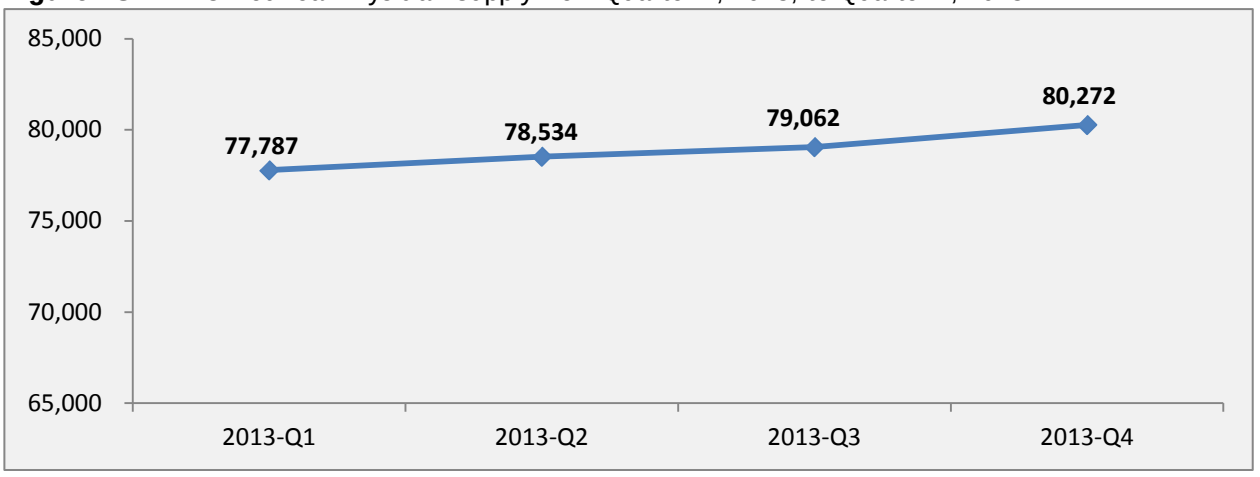
Section	Description
Total Physician Supply	All enrolled physicians with an Active or Indirect status at a given location, and beneficiary-to-provider ratios. Includes both primary care and specialty physicians.
Primary Care Physician Supply	All enrolled **primary care** physicians with an Active or Indirect status at a given location. Primary care physicians include those with specialties listed as General Medicine, Family Practice, Internal Medicine, OB/GYN, and Pediatrics.
Physicians with an OB/GYN Specialty	All physicians with an **OB/GYN** specialty and an Active or Indirect status at a given location.
Physicians with a Pediatric Specialty	All physicians with a **Pediatric** specialty and an Active or Indirect status at a given location.
Outpatient Clinics	All **Outpatient Clinics** available to FFS Medi-Cal Only beneficiaries.

Total Physician Supply

This section analyzes all enrolled physicians, both primary care and specialty, with an Active or Indirect status at a given location.

- Statewide site-specific physician counts in FFS Medi-Cal increased 3.2%, from 77,787 to 80,272, between the first quarter of 2013 and the fourth quarter of 2013 (Figure PS-1).

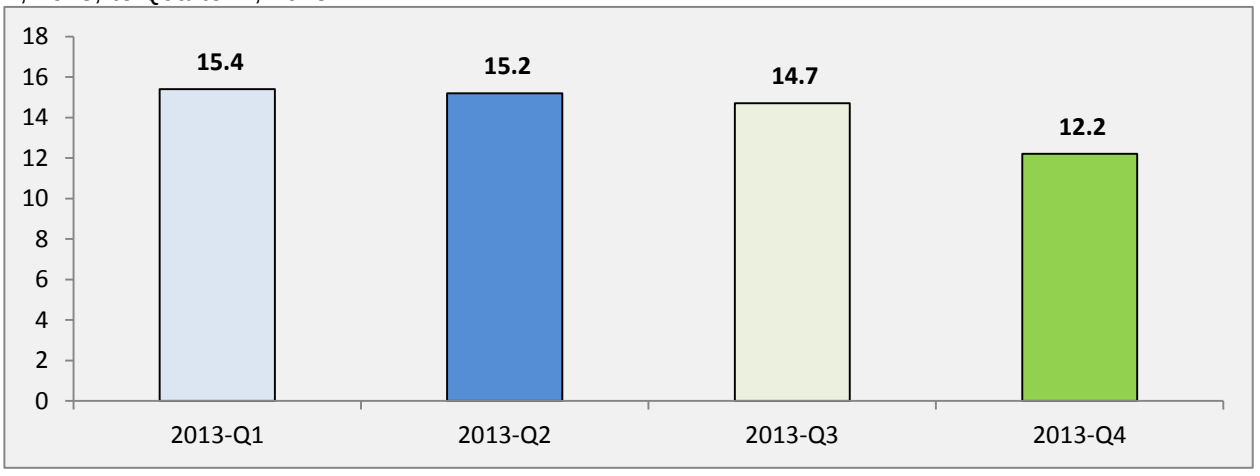
Figure PS-1: FFS Medi-Cal Physician Supply from Quarter 1, 2013, to Quarter 4, 2013



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

- Statewide beneficiary-to-provider ratios for FFS full-scope Medi-Cal Only beneficiaries declined 20.8%, from 15.4 to 12.2, during the study period (Figure PS-2).

Figure PS-2: Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Physicians from Quarter 1, 2013, to Quarter 4, 2013



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

- The total count of physicians enrolled in FFS Medi-Cal during the fourth quarter of 2013 ranged from 1 in Sierra County to 21,521 in Los Angeles County. The average population-to-physician ratio ranged from 2.4 in San Francisco County to 328.8 in Sierra County during the study period (Table PS-3).

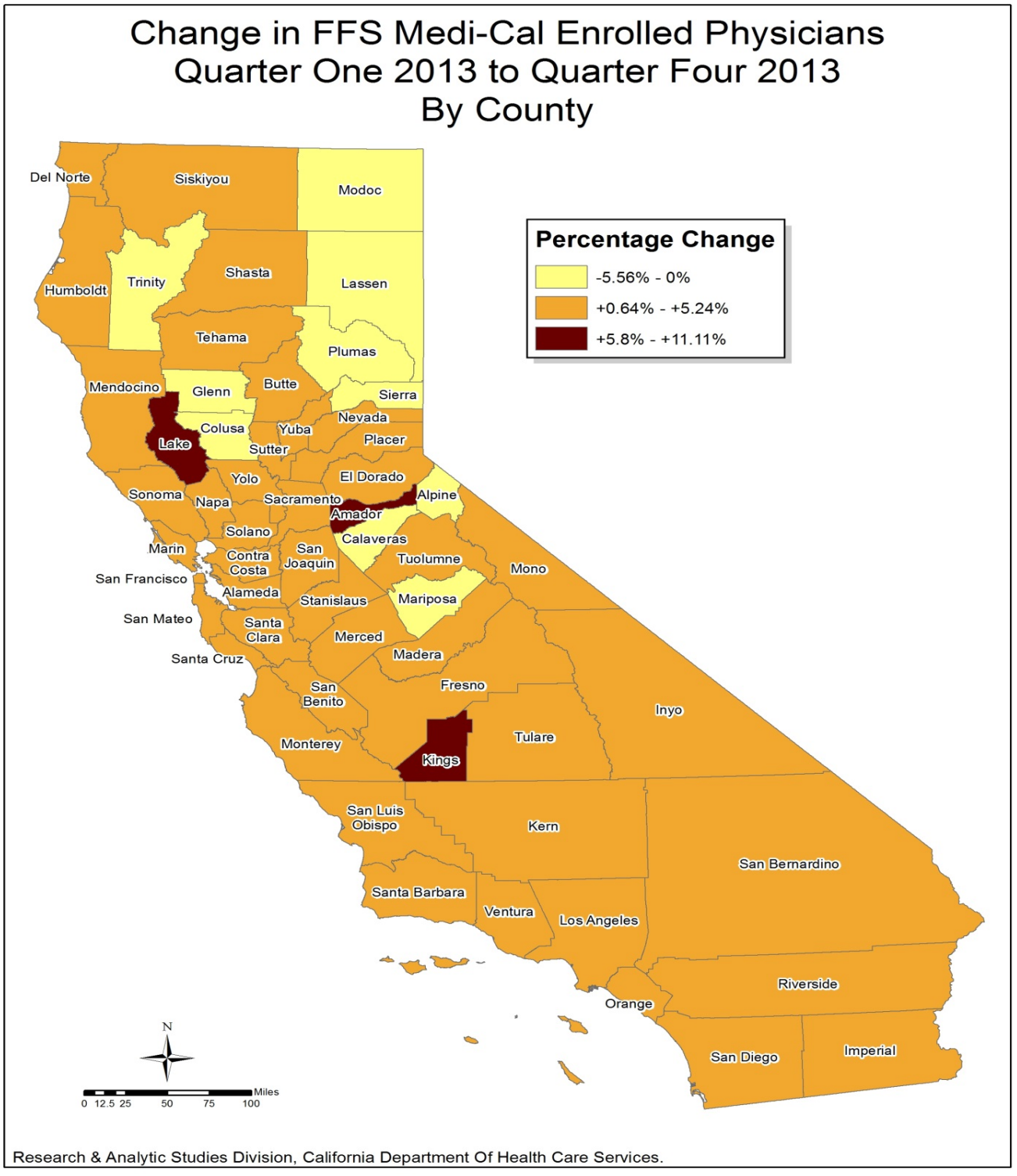
Table PS-3: Percent Change in FFS Medi-Cal Physicians and in the Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Physicians from Quarter 1, 2013, to Quarter 4, 2013, by County

County	Q1 2013 # of Providers	Q4 2013 # of Providers	Average Number	Percent Change	Q1 2013 Population-to-Provider Ratio	Q4 2013 Population-to-Provider Ratio	Average Ratio	Percent Change
Alameda	3,481	3,547	3,519.8	1.9%	9.1	9.1	9.1	0.0%
Alpine	2	2	2.0	0.0%	76.5	39.5	67.9	-48.4%
Amador	45	50	47.5	11.1%	78.5	41.2	68.5	-47.5%
Butte	419	433	425.8	3.3%	95.5	52.4	85.3	-45.1%
Calaveras	36	34	35.0	-5.6%	152.1	89.0	140.3	-41.5%
Colusa	26	26	26.0	0.0%	140.2	79.5	129.6	-43.3%
Contra Costa	2,084	2,151	2,118.0	3.2%	9.7	10.5	9.8	8.2%
Del Norte	38	39	38.8	2.6%	165.2	11.8	113.0	-92.9%
El Dorado	192	200	196.0	4.2%	76.9	44.4	69.4	-42.3%
Fresno	1,506	1,541	1,521.8	2.3%	19.6	19.5	19.6	-0.5%
Glenn	19	18	18.8	-5.3%	304.1	174.4	278.5	-42.7%
Humboldt	314	316	314.3	0.6%	67.5	6.7	48.8	-90.1%
Imperial	176	183	180.0	4.0%	261.4	130.2	228.7	-50.2%
Inyo	31	32	31.8	3.2%	82.4	42.1	73.4	-48.9%
Kern	1,453	1,496	1,470.0	3.0%	25.0	23.6	24.8	-5.6%
Kings	138	146	142.0	5.8%	34.2	29.5	32.1	-13.7%
Lake	93	99	97.3	6.5%	143.3	12.4	98.8	-91.3%
Lassen	30	30	30.0	0.0%	128.9	15.3	92.8	-88.1%
Los Angeles	20,886	21,521	21,181.3	3.0%	13.5	11.7	12.5	-13.3%
Madera	253	263	256.5	4.0%	21.2	19.0	19.8	-10.4%
Marin	524	537	532.3	2.5%	2.6	2.6	2.7	0.0%
Mariposa	8	8	8.0	0.0%	279.3	158.5	252.4	-43.3%
Mendocino	150	157	152.0	4.7%	11.0	9.2	11.1	-16.4%
Merced	287	298	293.3	3.8%	20.4	17.3	19.3	-15.2%
Modoc	9	9	9.0	0.0%	163.4	18.1	117.7	-88.9%
Mono	38	39	38.8	2.6%	29.4	17.9	28.0	-39.1%
Monterey	593	609	601.3	2.7%	11.8	10.6	10.5	-10.2%
Napa	231	235	233.3	1.7%	6.4	5.8	6.4	-9.4%
Nevada	136	140	138.0	2.9%	66.5	38.8	61.2	-41.7%
Orange	5,558	5,678	5,608.3	2.2%	5.6	5.4	5.5	-3.6%
Placer	642	662	653.0	3.1%	37.6	22.6	34.4	-39.9%
Plumas	20	20	20.0	0.0%	121.8	71.0	109.5	-41.7%

County	Q1 2013 # of Providers	Q4 2013 # of Providers	Average Number	Percent Change	Q1 2013 Population-to-Provider Ratio	Q4 2013 Population-to-Provider Ratio	Average Ratio	Percent Change
Riverside	2,303	2,374	2,339.3	3.1%	28.2	27.7	28.4	-1.8%
Sacramento	4,543	4,695	4,600.5	3.3%	9.1	8.3	8.9	-8.8%
San Benito	50	52	51.0	4.0%	161.1	103.2	149.4	-35.9%
San Bernardino	3,466	3,586	3,521.0	3.5%	24.0	23.4	23.9	-2.5%
San Diego	7,187	7,429	7,292.3	3.4%	10.4	10.4	10.6	0.0%
San Francisco	4,812	5,064	4,915.8	5.2%	2.5	2.3	2.4	-8.0%
San Joaquin	1,222	1,256	1,238.3	2.8%	20.0	16.5	18.0	-17.5%
San Luis Obispo	338	341	340.8	0.9%	9.2	8.1	8.8	-12.0%
San Mateo	1,714	1,750	1,734.0	2.1%	4.1	3.9	4.9	-4.9%
Santa Barbara	719	741	730.3	3.1%	9.6	8.6	8.6	-10.4%
Santa Clara	5,654	5,903	5,755.0	4.4%	5.4	4.7	5.1	-13.0%
Santa Cruz	453	469	459.5	3.5%	7.9	7.1	7.2	-10.1%
Shasta	382	388	384.3	1.6%	83.1	8.5	59.2	-89.8%
Sierra	1	1	1.0	0.0%	369.0	199.0	328.8	-46.1%
Siskiyou	69	71	70.3	2.9%	123.9	12.2	87.2	-90.2%
Solano	968	985	978.5	1.8%	5.9	5.5	5.5	-6.8%
Sonoma	988	1,021	1,005.3	3.3%	6.0	5.4	5.7	-10.0%
Stanislaus	1,106	1,147	1,129.0	3.7%	29.1	23.6	25.7	-18.9%
Sutter	138	142	139.3	2.9%	133.6	72.9	122.1	-45.4%
Tehama	69	71	69.8	2.9%	195.9	107.1	176.8	-45.3%
Trinity	9	9	9.0	0.0%	234.3	27.3	167.6	-88.3%
Tulare	512	528	520.0	3.1%	33.7	32.2	32.4	-4.5%
Tuolumne	81	84	82.8	3.7%	79.5	44.1	70.9	-44.5%
Ventura	1,154	1,206	1,173.0	4.5%	10.3	9.1	10.1	-11.7%
Yolo	341	349	344.5	2.3%	9.9	9.2	9.8	-7.1%
Yuba	90	91	90.5	1.1%	181.4	102.0	163.7	-43.8%
Statewide Total	**77,787**	**80,272**	**78,913.8**	**3.2%**	**15.4**	**12.2**	**14.4**	**-20.8%**

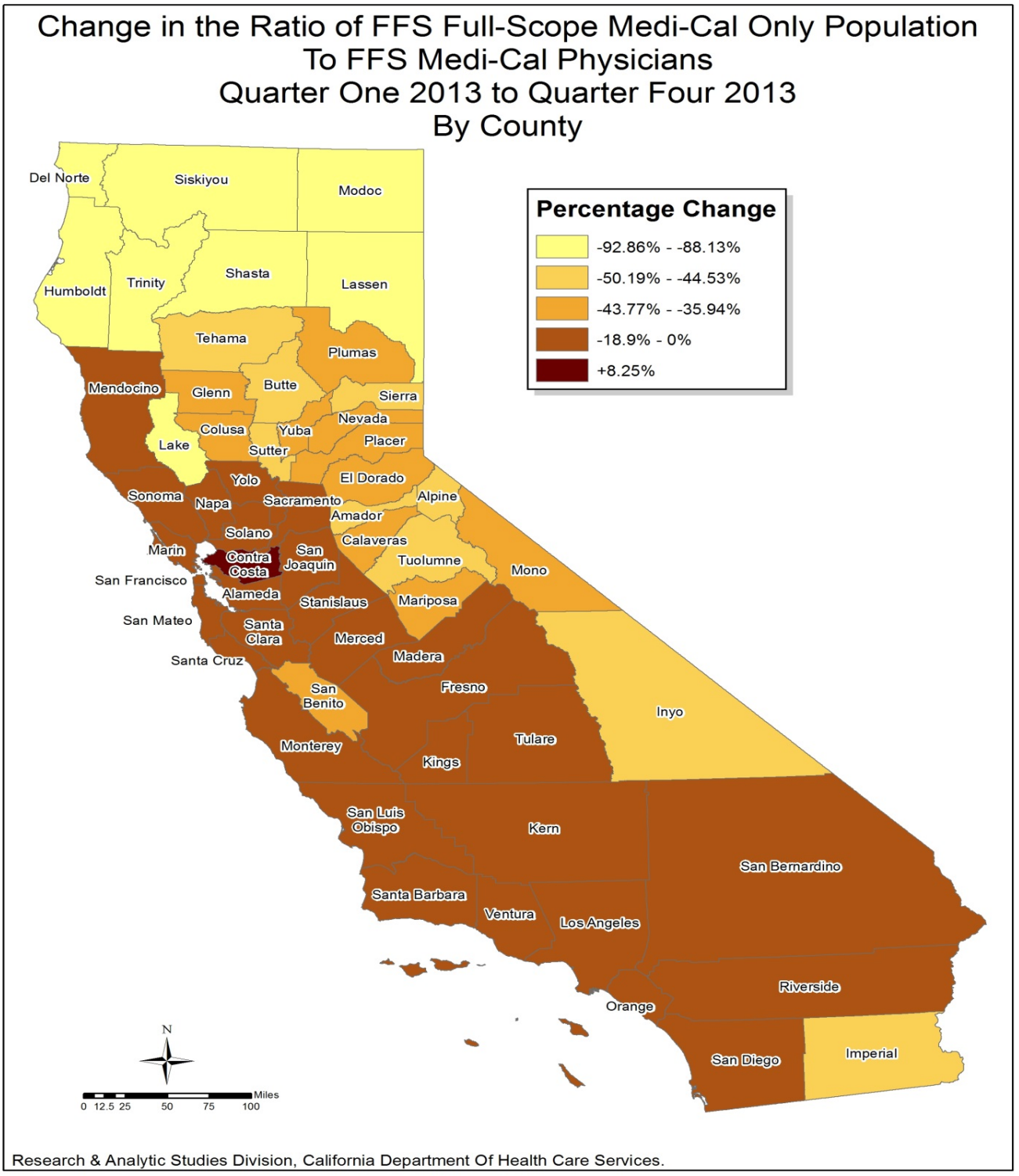
Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Figure PS-3: Percent Change in FFS Medi-Cal Physicians from Quarter 1, 2013, to Quarter 4, 2013, by County



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Figure PS-4: Percent Change in the Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Physicians from Quarter 1, 2013, to Quarter 4, 2013, by County



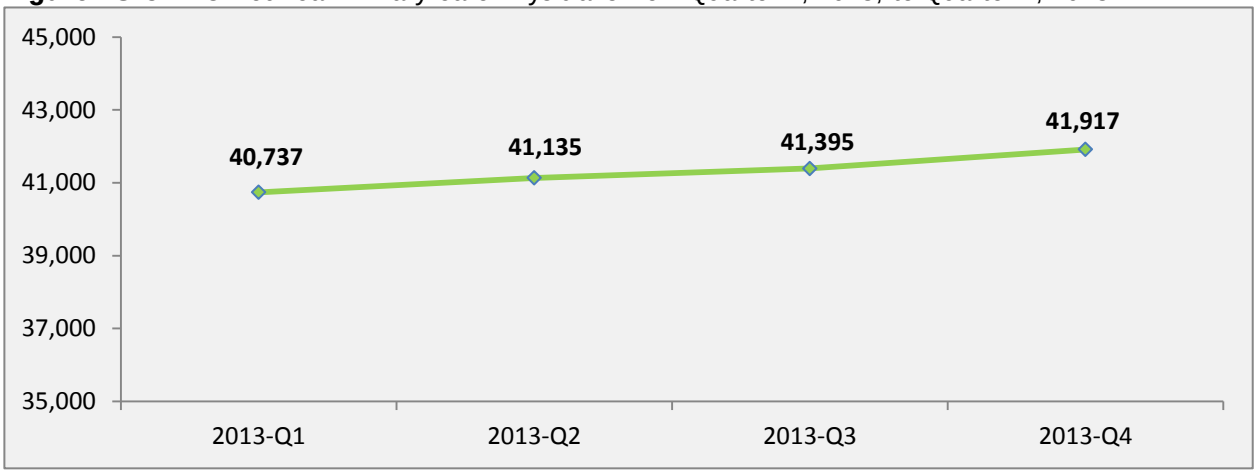
Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Primary Care Physician Supply

This section analyzes all enrolled primary care physicians with an Active or Indirect status at a given location with specialties in General Medicine, Family Practice, Internal Medicine, OB/GYN, or Pediatrics. Specific analyses for primary care physicians with OB/GYN and Pediatric specialties are also presented separately for closer analysis.

- The total count of primary care physicians participating in FFS Medi-Cal increased 2.9%, from 40,737 to 41,917, between the first quarter of 2013 and the fourth quarter of 2013 (Figure PS-5).

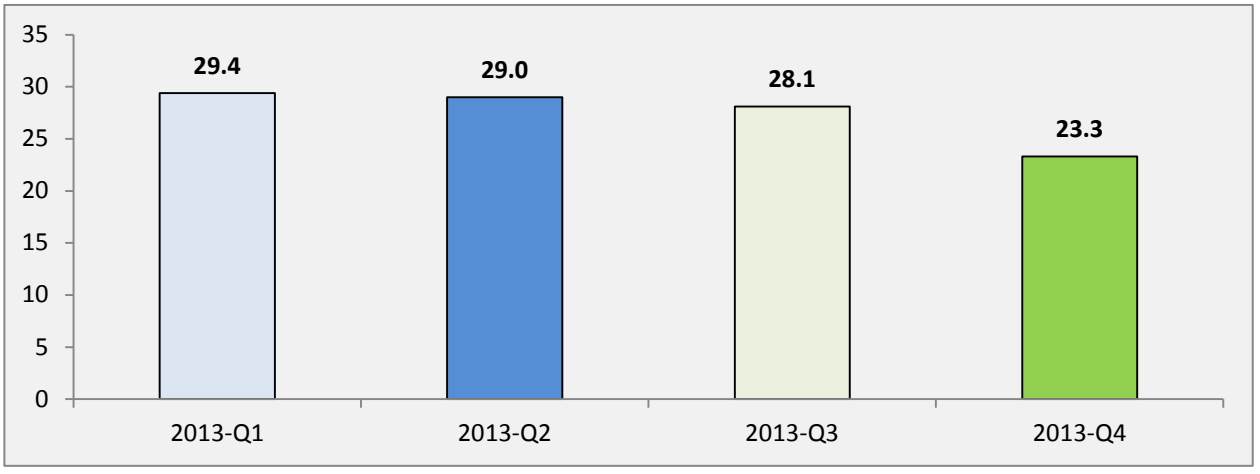
Figure PS-5: FFS Medi-Cal Primary Care Physicians from Quarter 1, 2013, to Quarter 4, 2013



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

- The statewide ratio of FFS full-scope Medi-Cal Only beneficiaries to primary care providers declined 20.7%, from 29.4 to 23.3, during the study period (Figure PS-6).

Figure PS-6: Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Primary Care Physicians from Quarter 1, 2013, to Quarter 4, 2013



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

- The counts of primary care physicians ranged from 1 in Alpine and Sierra counties to 11,297 in Los Angeles County during the fourth quarter of 2013. The average population-to-physician ratio ranged from 5.1 in Marin County to 484.2 in Glenn County during the study period (Table PS-4).

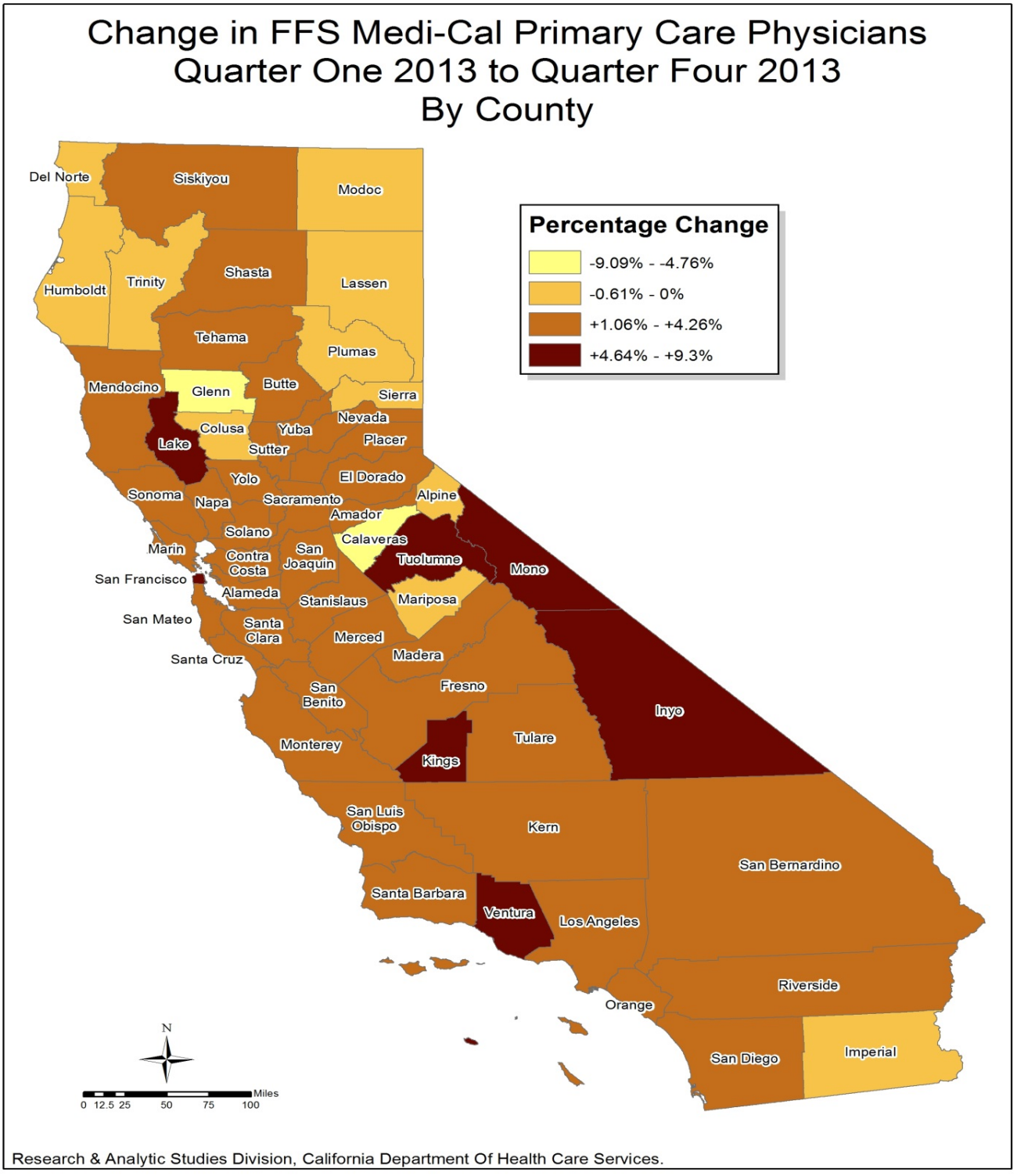
Table PS-4: Percent Change in FFS Medi-Cal Primary Care Physicians and in the Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Primary Care Physicians from Quarter 1, 2013, to Quarter 4, 2013, by County

County	Q1 2013 # of Providers	Q4 2013 # of Providers	Average Number	Percent Change	Q1 2013 Population-to-Provider Ratio	Q4 2013 Population-to-Provider Ratio	Average Ratio	Percent Change
Alameda	1,989	2,026	2,011.0	1.9%	15.9	15.9	15.9	0.0%
Alpine	1	1	1.0	0.0%	153.0	79.0	135.8	-48.4%
Amador	33	34	33.8	3.0%	107.1	60.5	95.7	-43.5%
Butte	180	185	181.8	2.8%	222.3	122.6	199.8	-44.8%
Calaveras	21	20	20.8	-4.8%	260.8	151.3	236.4	-42.0%
Colusa	18	18	18.0	0.0%	202.4	114.9	187.2	-43.2%
Contra Costa	1,120	1,155	1,136.8	3.1%	18.1	19.5	18.2	7.7%
Del Norte	20	20	20.0	0.0%	314.0	23.0	218.4	-92.7%
El Dorado	95	99	97.0	4.2%	155.4	89.6	140.1	-42.3%
Fresno	792	808	798.3	2.0%	37.3	37.3	37.5	0.0%
Glenn	11	10	10.8	-9.1%	525.2	314.0	484.2	-40.2%
Humboldt	163	162	162.3	-0.6%	130.1	13.1	94.3	-89.9%
Imperial	88	88	88.8	0.0%	522.8	270.7	462.0	-48.2%
Inyo	21	22	21.8	4.8%	121.6	61.2	107.2	-49.7%
Kern	791	813	798.8	2.8%	45.9	43.5	45.6	-5.2%
Kings	82	86	82.8	4.9%	57.5	50.1	55.0	-12.9%
Lake	43	47	45.5	9.3%	309.9	26.1	212.5	-91.6%
Lassen	20	20	20.0	0.0%	193.4	22.9	139.2	-88.2%
Los Angeles	11,028	11,297	11,161.0	2.4%	25.5	22.3	23.8	-12.5%
Madera	182	188	184.0	3.3%	29.5	26.5	27.6	-10.2%
Marin	278	287	283.5	3.2%	4.9	4.9	5.1	0.0%
Mariposa	5	5	5.0	0.0%	446.8	253.6	403.8	-43.2%
Mendocino	74	76	74.8	2.7%	22.4	18.9	22.5	-15.6%
Merced	168	172	170.8	2.4%	34.9	30.0	33.2	-14.0%
Modoc	8	8	8.0	0.0%	183.9	20.4	132.5	-88.9%
Mono	18	19	18.8	5.6%	62.0	36.8	57.9	-40.6%
Monterey	328	340	334.8	3.7%	21.4	19.0	18.9	-11.2%
Napa	106	108	107.0	1.9%	13.9	12.6	14.0	-9.4%
Nevada	75	78	76.8	4.0%	120.5	69.7	110.1	-42.2%
Orange	2,863	2,933	2,895.5	2.4%	10.9	10.4	10.7	-4.6%
Placer	417	432	425.3	3.6%	57.9	34.7	52.9	-40.1%
Plumas	16	16	16.0	0.0%	152.3	88.7	136.8	-41.8%
Riverside	1,285	1,330	1,308.8	3.5%	50.6	49.4	50.7	-2.4%

County	Q1 2013 # of Providers	Q4 2013 # of Providers	Average Number	Percent Change	Q1 2013 Population-to-Provider Ratio	Q4 2013 Population-to-Provider Ratio	Average Ratio	Percent Change
Sacramento	2,152	2,208	2,176.0	2.6%	19.3	17.7	18.9	-8.3%
San Benito	27	28	27.8	3.7%	298.3	191.6	274.2	-35.8%
San Bernardino	2,028	2,092	2,059.5	3.2%	41.0	40.1	40.9	-2.2%
San Diego	3,465	3,595	3,519.3	3.8%	21.5	21.4	21.8	-0.5%
San Francisco	2,218	2,321	2,261.0	4.6%	5.4	5.1	5.3	-5.6%
San Joaquin	671	686	678.3	2.2%	36.4	30.1	32.8	-17.3%
San Luis Obispo	151	153	152.5	1.3%	20.6	18.0	19.6	-12.6%
San Mateo	888	907	899.5	2.1%	7.8	7.5	9.4	-3.8%
Santa Barbara	326	331	328.0	1.5%	21.2	19.2	19.2	-9.4%
Santa Clara	2,932	3,044	2,981.3	3.8%	10.3	9.1	9.7	-11.7%
Santa Cruz	227	234	230.0	3.1%	15.7	14.3	14.3	-8.9%
Shasta	189	191	189.8	1.1%	167.9	17.4	119.8	-89.6%
Sierra	1	1	1.0	0.0%	369.0	199.0	328.8	-46.1%
Siskiyou	39	40	39.5	2.6%	219.1	21.7	155.3	-90.1%
Solano	555	562	559.5	1.3%	10.3	9.6	9.7	-6.8%
Sonoma	530	551	541.8	4.0%	11.1	10.0	10.5	-9.9%
Stanislaus	582	598	592.3	2.7%	55.3	45.3	49.1	-18.1%
Sutter	84	87	85.0	3.6%	219.5	118.9	200.1	-45.8%
Tehama	47	49	47.5	4.3%	287.7	155.2	260.1	-46.1%
Trinity	4	4	4.0	0.0%	527.3	61.5	377.2	-88.3%
Tulare	307	315	312.0	2.6%	56.2	54.0	54.0	-3.9%
Tuolumne	43	45	44.0	4.7%	149.8	82.4	133.6	-45.0%
Ventura	680	714	693.5	5.0%	17.5	15.4	17.0	-12.0%
Yolo	214	219	216.3	2.3%	15.7	14.7	15.6	-6.4%
Yuba	38	39	38.5	2.6%	429.6	238.0	385.3	-44.6%
Statewide	**40,737**	**41,917**	**41,296.0**	**2.9%**	**29.4**	**23.3**	**27.5**	**-20.7%**

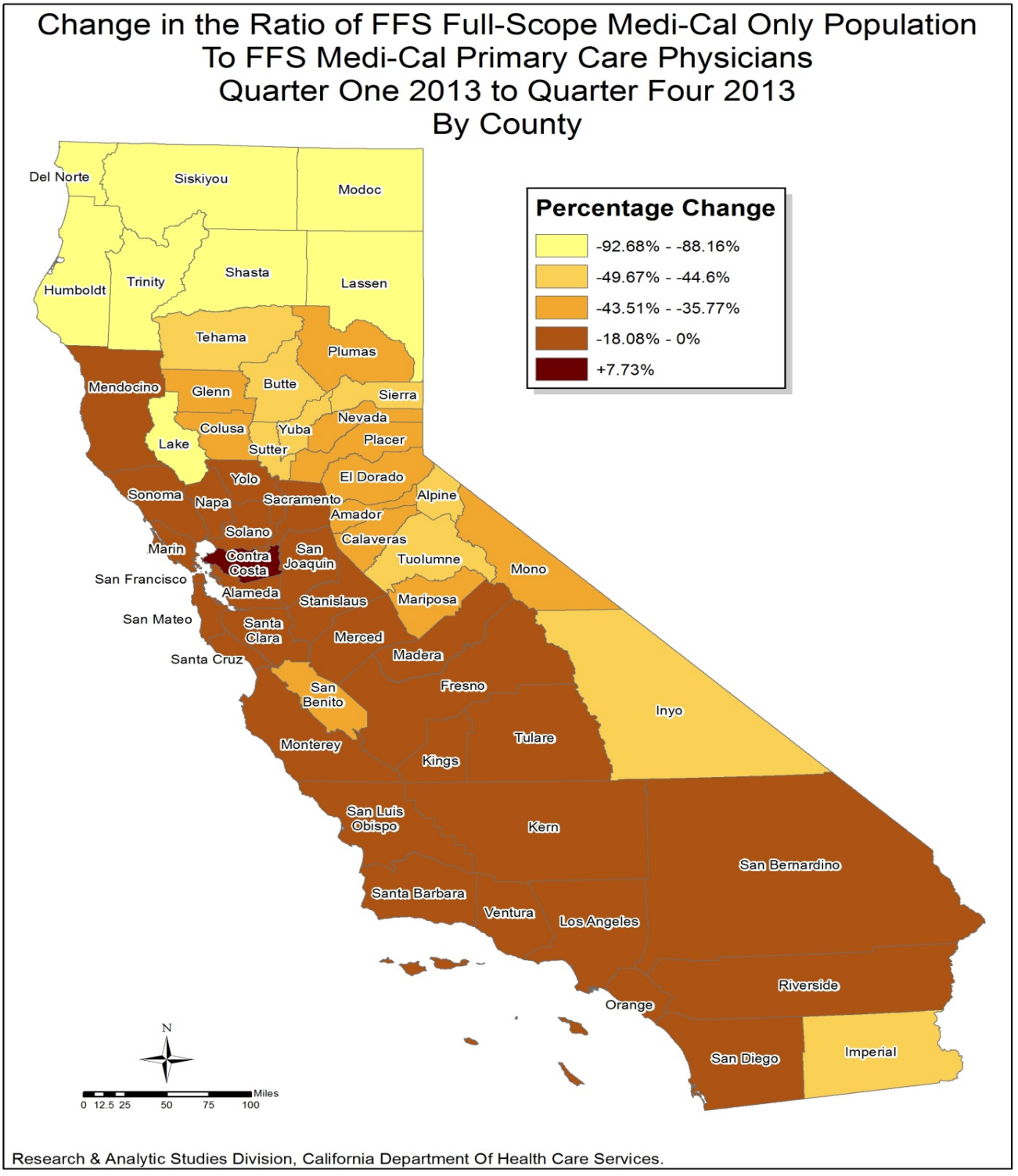
Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Figure PS-7: Percent Change in FFS Medi-Cal Primary Care Physicians from Quarter 1, 2013, to Quarter 4, 2013, by County



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Figure PS-8: Percent Change in the Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Primary Care Physicians from Quarter 1, 2013, to Quarter 4, 2013, by County



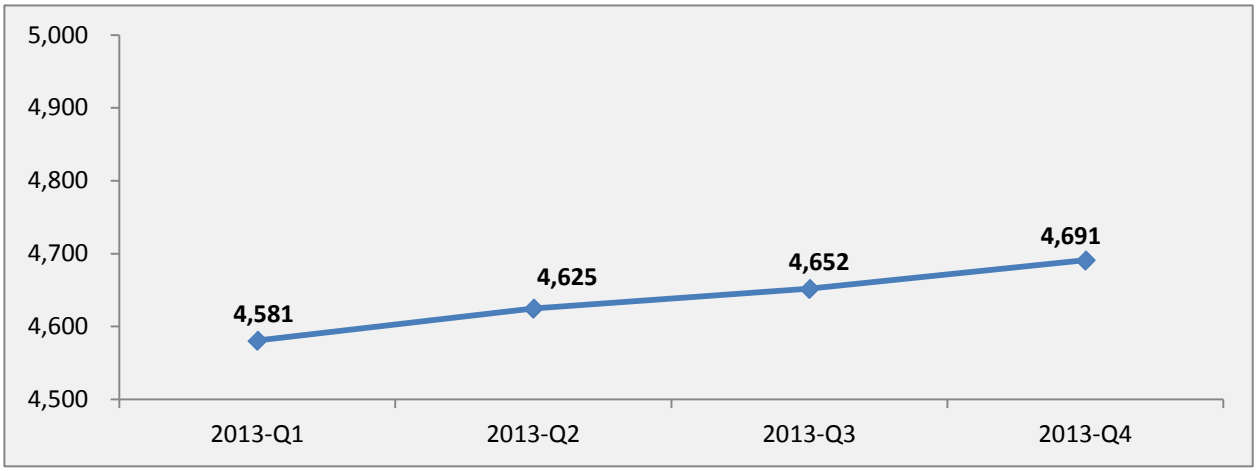
Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Physicians with an OB/GYN Specialty

This section analyzes all enrolled physicians with an OB/GYN specialty and an Active or Indirect status at a given location.

- The total count of physicians with an OB/GYN specialty in FFS Medi-Cal increased 2.4%, from 4,581 to 4,691, between the first quarter of 2013 and the fourth quarter of 2013 (Figure PS-9).

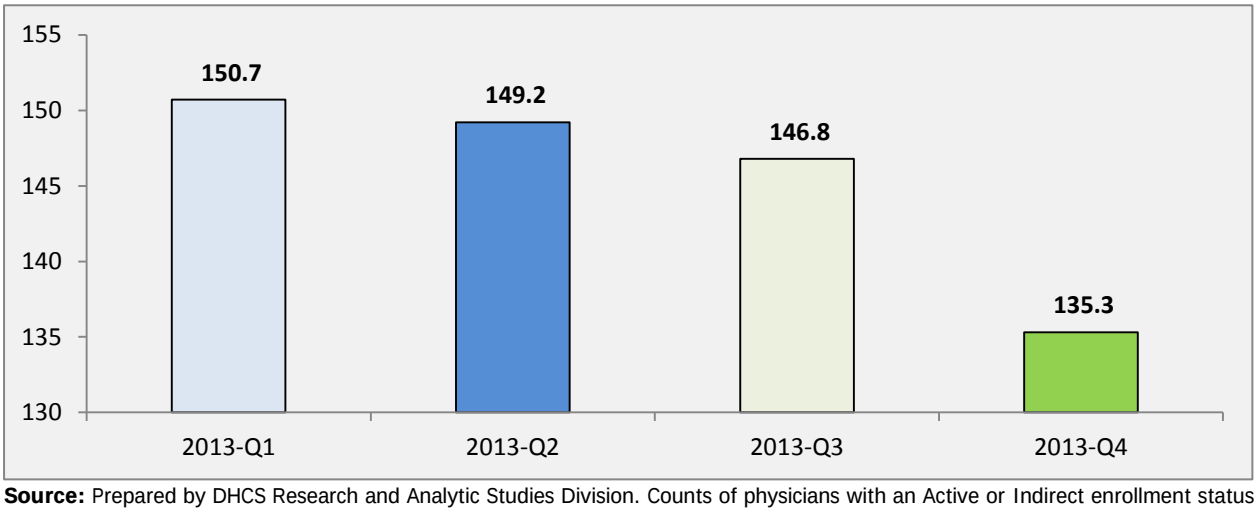
Figure PS-9: FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 1, 2013, to Quarter 4, 2013



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

- The ratio of FFS Medi-Cal Only, non-elderly adult females ages 18–64 per physician with an OB/GYN specialty declined 10.2%, from 150.7 to 135.3, during the study period (Figure PS-10).

Figure PS-10: Ratio of FFS Medi-Cal Only Non-Elderly Adult Females Ages 18–64 to FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 1, 2013, to Quarter 4, 2013



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

- There were no physicians with an OB/GYN specialty located in Alpine, Colusa, Mariposa, Sierra, or Trinity counties in the fourth quarter of 2013. In contrast, 1,177 physicians with an OB/GYN specialty practiced in Los Angeles County during the fourth quarter of 2013. Within counties with a limited supply of OB/GYNs, other provider types such as general practitioners and/or clinics may still render care to non-elderly women enrolled in FFS Medi-Cal. In counties with OB/GYNs, the average population-to-OB/GYN-physician ratio ranged from 34.5 in San Francisco County to 1,502.5 in Glenn County during the study period. The ratio of the population to OB/GYN physicians declined across the majority of California counties during the study period (Table PS-5).

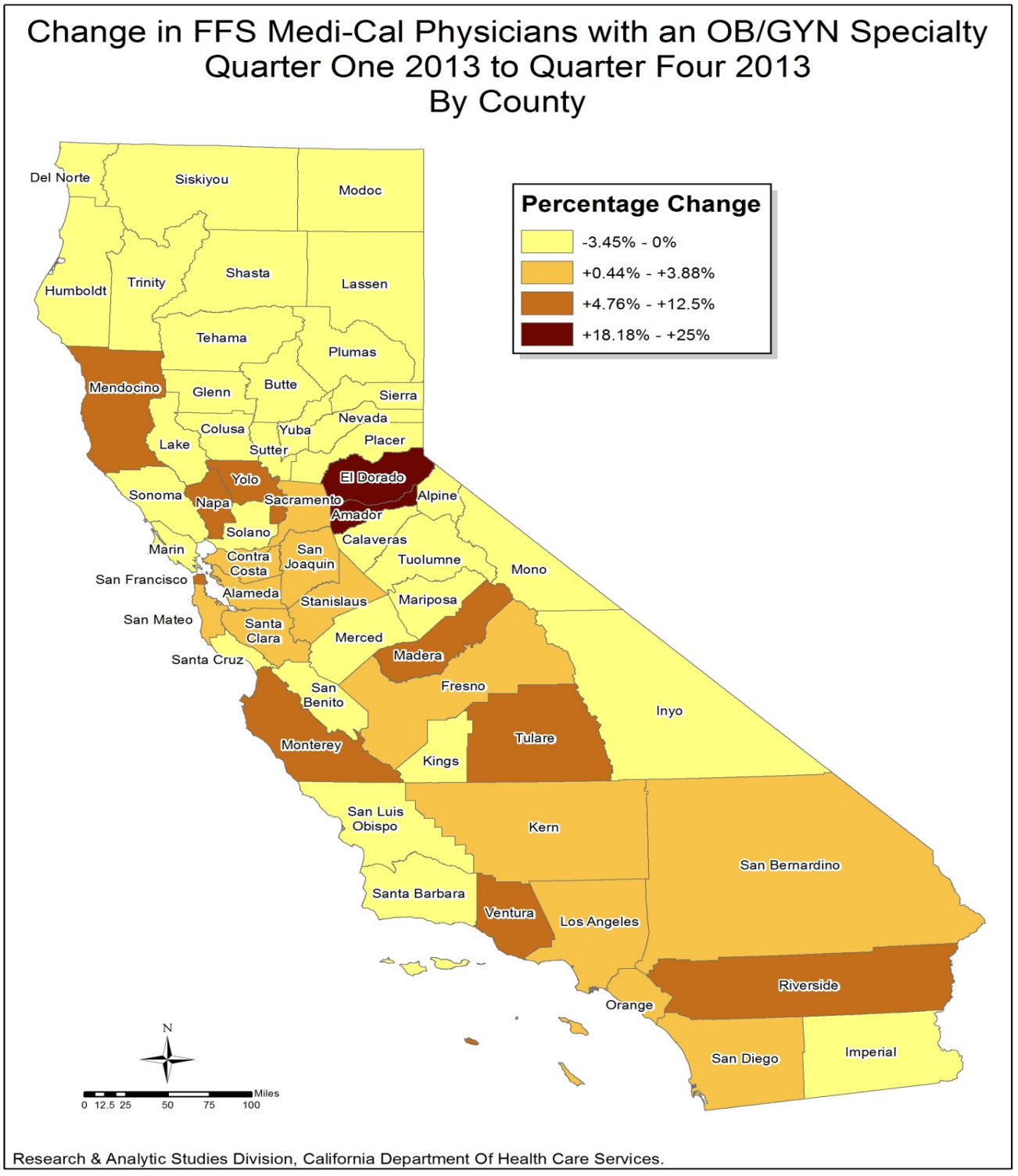
Table PS-5: Percent Change in FFS Medi-Cal Primary Care Physicians with an OB/GYN Specialty and in the Ratio of FFS Medi-Cal Only Non-Elderly Adult Females Ages 18–64 to FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 1, 2013, to Quarter 4, 2013, by County

County	Q1 2013 # of Providers	Q4 2013 # of Providers	Average Number	Percent Change	Q1 2013 Population-to-Provider Ratio	Q4 2013 Population-to-Provider Ratio	Average Ratio	Percent Change
Alameda	229	230	229.5	0.4%	84.4	84.9	84.9	0.6%
Alpine	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Amador	4	5	4.5	25.0%	266.8	133.8	219.4	-49.9%
Butte	29	28	28.8	-3.4%	415.3	272.4	380.1	-34.4%
Calaveras	1	1	1.0	0.0%	1,637.0	937.0	1,444.0	-42.8%
Colusa	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Contra Costa	103	107	105.8	3.9%	115.5	119.8	114.9	3.7%
Del Norte	2	2	2.0	0.0%	935.0	105.0	651.1	-88.8%
El Dorado	11	13	12.3	18.2%	394.6	218.2	324.0	-44.7%
Fresno	94	97	96.3	3.2%	231.6	223.3	224.6	-3.6%
Glenn	1	1	1.0	0.0%	1,642.0	1,093.0	1,502.5	-33.4%
Humboldt	13	13	13.0	0.0%	483.8	75.3	347.2	-84.4%
Imperial	16	16	16.0	0.0%	840.9	443.0	740.2	-47.3%
Inyo	3	3	3.0	0.0%	262.0	168.7	239.3	-35.6%
Kern	93	95	92.8	2.2%	209.7	200.7	209.3	-4.3%
Kings	10	10	10.0	0.0%	252.0	236.8	246.2	-6.0%
Lake	3	3	3.0	0.0%	1,359.0	193.7	974.7	-85.7%
Lassen	1	1	1.0	0.0%	1,153.0	178.0	825.3	-84.6%
Los Angeles	1,157	1,177	1,168.0	1.7%	193.5	187.5	192.0	-3.1%
Madera	14	15	14.3	7.1%	328.7	292.5	314.1	-11.0%
Marin	25	25	25.0	0.0%	107.3	107.9	107.8	0.6%
Mariposa	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Mendocino	16	17	16.3	6.3%	76.7	68.4	74.1	-10.8%
Merced	18	18	18.0	0.0%	293.0	291.0	291.3	-0.7%
Modoc	1	1	1.0	0.0%	452.0	63.0	318.8	-86.1%
Mono	3	3	3.0	0.0%	109.3	85.7	103.8	-21.6%

County	Q1 2013 # of Providers	Q4 2013 # of Providers	Average Number	Percent Change	Q1 2013 Population-to-Provider Ratio	Q4 2013 Population-to-Provider Ratio	Average Ratio	Percent Change
Monterey	56	59	57.8	5.4%	195.5	176.0	184.3	-10.0%
Napa	16	17	16.8	6.3%	83.4	74.2	76.9	-11.0%
Nevada	10	10	10.0	0.0%	274.1	172.7	249.7	-37.0%
Orange	368	375	371.0	1.9%	107.2	104.1	105.9	-2.9%
Placer	46	46	46.0	0.0%	144.3	94.7	132.2	-34.4%
Plumas	1	1	1.0	0.0%	731.0	448.0	648.3	-38.7%
Riverside	147	154	150.3	4.8%	204.6	198.0	202.6	-3.2%
Sacramento	244	248	245.5	1.6%	72.7	69.2	72.1	-4.8%
San Benito	4	4	4.0	0.0%	616.3	442.0	571.2	-28.3%
San Bernardino	190	196	193.3	3.2%	200.9	197.5	198.8	-1.7%
San Diego	380	387	383.0	1.8%	85.2	83.1	84.4	-2.5%
San Francisco	234	246	239.8	5.1%	35.6	33.3	34.5	-6.5%
San Joaquin	97	99	98.3	2.1%	128.2	116.8	121.3	-8.9%
San Luis Obispo	22	22	22.0	0.0%	102.8	99.5	100.8	-3.2%
San Mateo	88	90	88.8	2.3%	85.8	90.4	91.9	5.4%
Santa Barbara	51	50	50.8	-2.0%	166.7	169.9	167.1	1.9%
Santa Clara	372	384	377.3	3.2%	67.3	61.6	64.7	-8.5%
Santa Cruz	29	29	29.5	0.0%	128.0	125.1	123.1	-2.3%
Shasta	14	14	14.0	0.0%	667.7	84.1	471.5	-87.4%
Sierra	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Siskiyou	4	4	4.0	0.0%	630.3	74.5	447.3	-88.2%
Solano	63	63	63.0	0.0%	62.1	61.1	61.7	-1.6%
Sonoma	55	55	55.3	0.0%	88.2	84.8	85.4	-3.9%
Stanislaus	65	67	66.3	3.1%	203.2	176.0	186.1	-13.4%
Sutter	11	11	11.0	0.0%	466.6	305.3	429.7	-34.6%
Tehama	4	4	4.0	0.0%	965.5	645.5	892.4	-33.1%
Trinity	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Tulare	56	63	60.3	12.5%	240.2	213.8	223.6	-11.0%
Tuolumne	7	7	7.0	0.0%	278.9	171.3	252.2	-38.6%
Ventura	78	82	80.3	5.1%	135.3	123.5	128.8	-8.7%
Yolo	19	20	19.3	5.3%	97.5	91.9	95.4	-5.7%
Yuba	3	3	3.0	0.0%	1,592.0	1,031.7	1,449.5	-35.2%
Statewide	**4,581**	**4,691**	**4,637.3**	**2.4%**	**150.7**	**135.3**	**145.5**	**-10.2%**

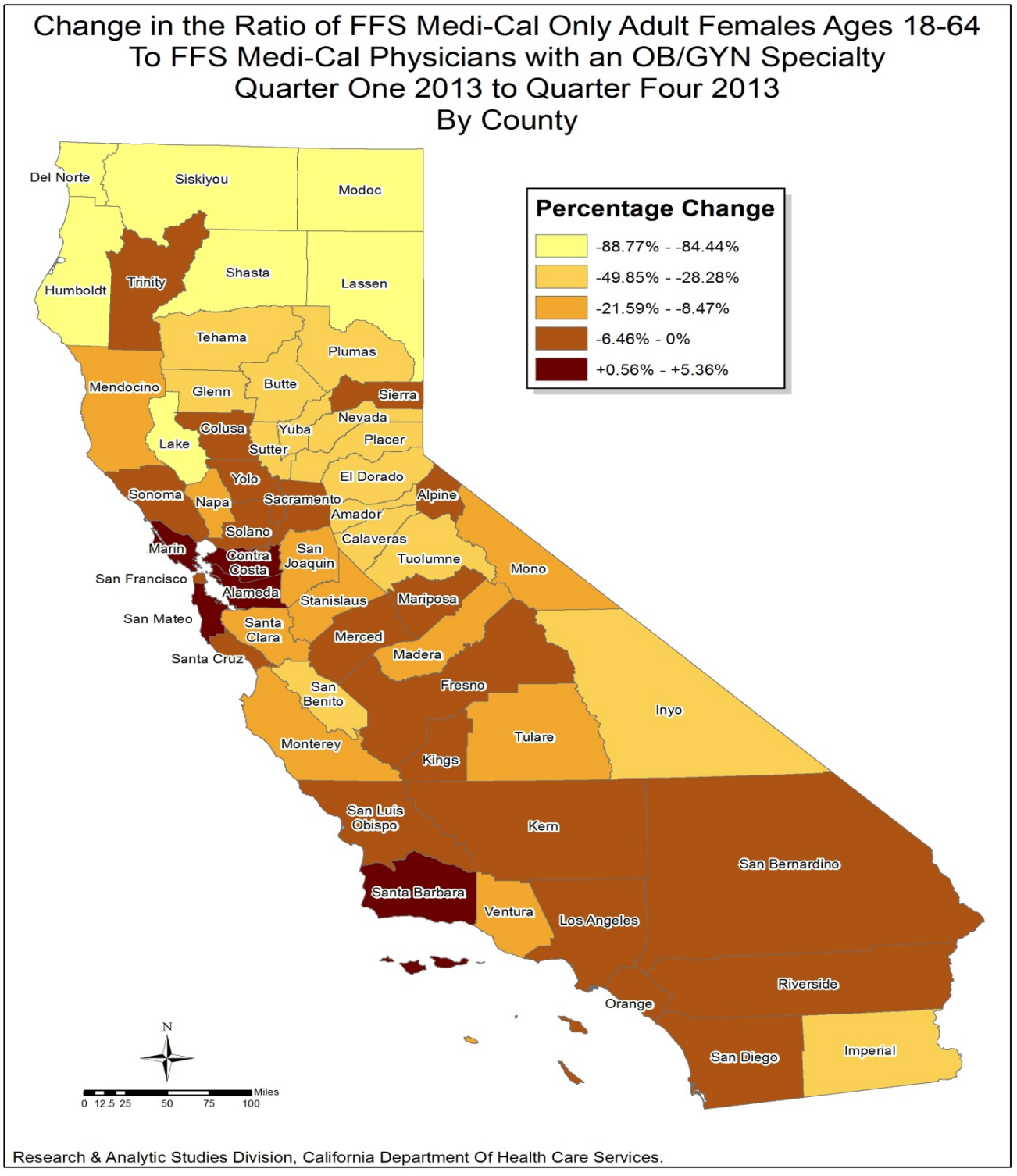
Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Figure PS-11: Percent Change in FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 1, 2013, to Quarter 4, 2013, by County



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Figure PS-12: Percent Change in the Ratio of FFS Medi-Cal Only Adult Females Ages 18–64 to FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 1, 2013, to Quarter 4, 2013, by County



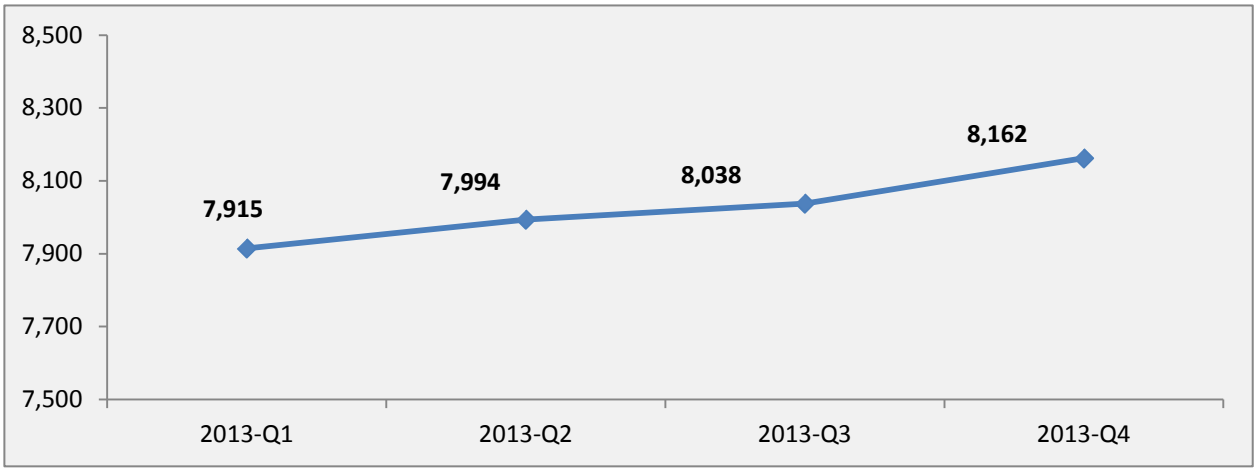
Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Physicians with a Pediatric Specialty

This section analyzes all enrolled physicians with a Pediatric specialty and an Active or Indirect status at a given location.

- The total count of physicians with a Pediatric specialty in FFS Medi-Cal increased 3.1%, from 7,915 to 8,162, between the first quarter of 2013 and the fourth quarter of 2013 (Figure PS-13).

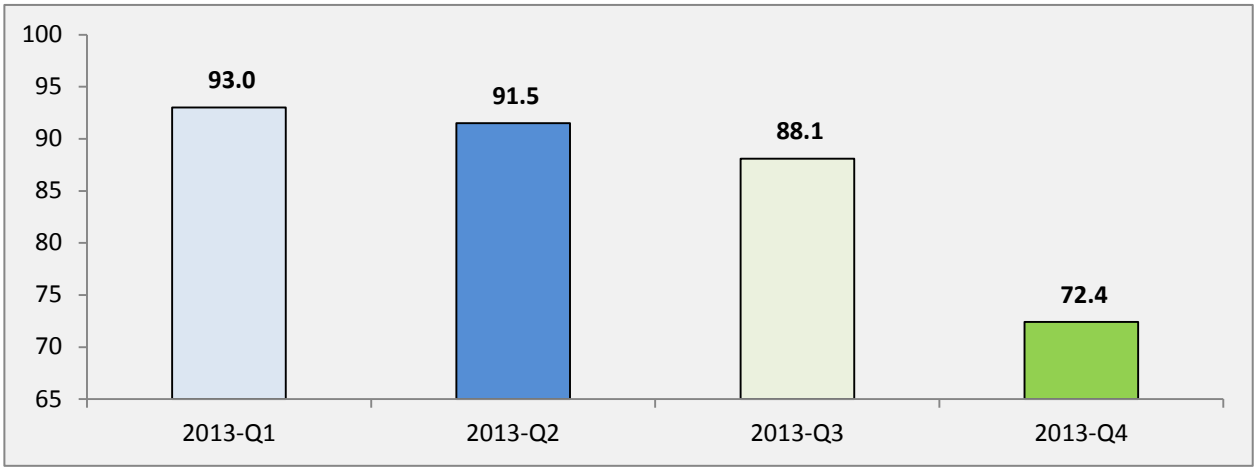
Figure PS-13: FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 1, 2013, to Quarter 4, 2013



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

- The ratio of FFS full-scope Medi-Cal Only children ages 0-17 per physician with a Pediatric specialty decreased 22.2%, from 93.0 to 72.4, during the study period (Figure PS-14).

Figure PS-14: Ratio of FFS Full-Scope Medi-Cal Only Children Ages 0–17 to FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 1, 2013, to Quarter 4, 2013



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

- Overall, county trends for physicians with a Pediatric specialty closely followed those identified for OB/GYNs. For instance, there were no physicians with a Pediatric specialty located in the rural Alpine, Colusa, Mariposa, Modoc, Plumas, Sierra, or Trinity counties, while the largest concentration (2,116) of Pediatricians practiced in Los Angeles County in the fourth quarter of 2013. Other provider types, such as general practitioners and/or clinics, in counties with a limited supply of Pediatricians may still render care to children enrolled in FFS Medi-Cal. In counties with Pediatricians, the average population-to-Pediatric-physician ratio ranged from 11.3 in San Francisco County to 2,803.8 in Yuba County during the study period (Table PS-6).

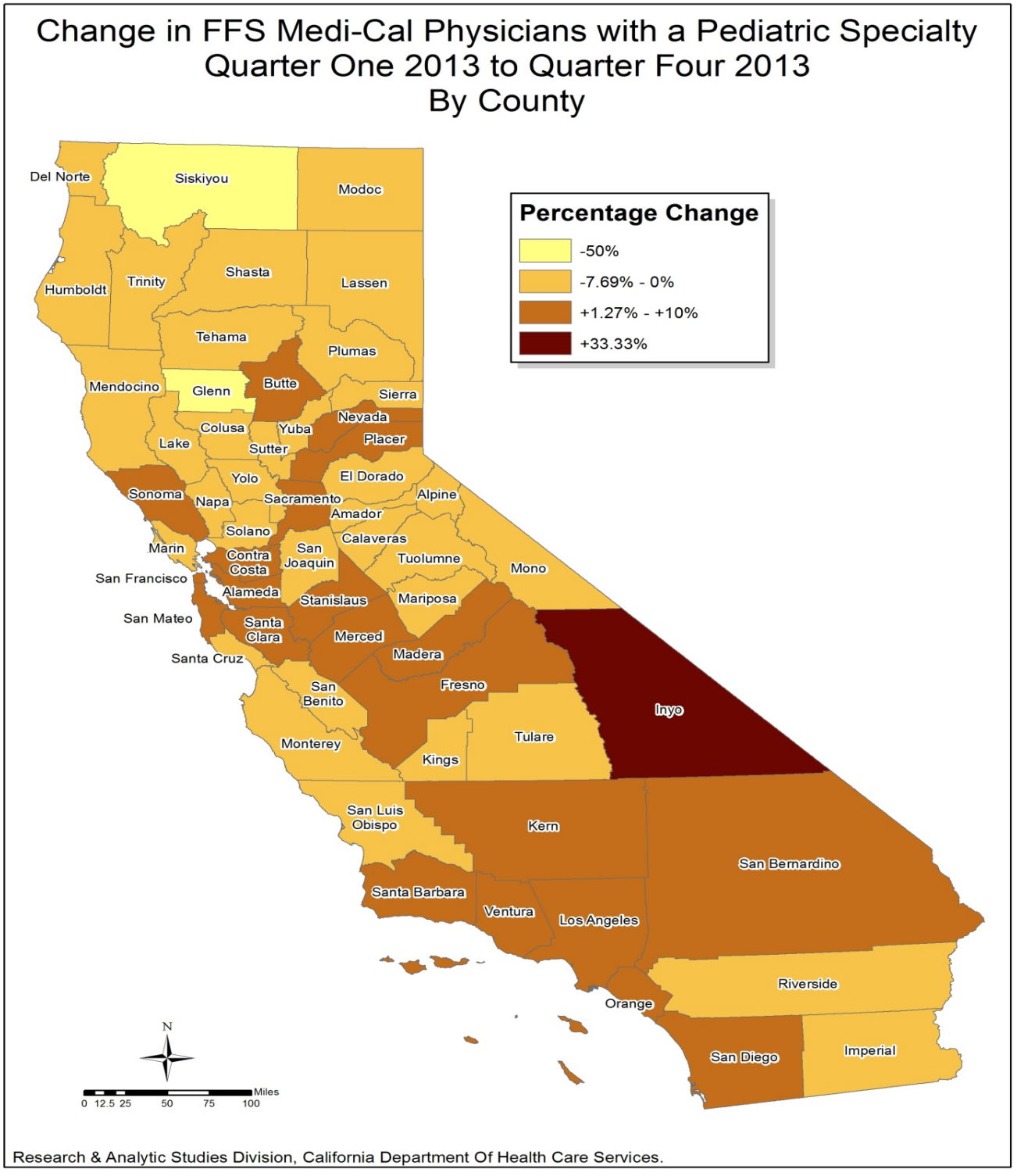
Table PS-6: Percent Change in FFS Medi-Cal Physicians with a Pediatric Specialty and in the Ratio of FFS Full Scope Medi-Cal Only Children Ages 0–17 to FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 1, 2013, to Quarter 4, 2013, by County

County	Q1 2013 # of Providers	Q4 2013 # of Providers	Average Number	Percent Change	Q1 2013 Population-to-Provider Ratio	Q4 2013 Population-to-Provider Ratio	Average Ratio	Percent Change
Alameda	541	556	549.0	2.8%	33.4	32.7	33.1	-2.1%
Alpine	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Amador	1	1	1.0	0.0%	1,918.0	1,056.0	1,775.5	-44.9%
Butte	17	18	17.3	5.9%	1,236.1	585.5	1,105.6	-52.6%
Calaveras	1	1	1.0	0.0%	2,870.0	1,503.0	2,622.5	-47.6%
Colusa	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Contra Costa	158	160	158.8	1.3%	78.7	82.6	77.9	5.0%
Del Norte	5	5	5.0	0.0%	647.6	47.2	457.8	-92.7%
El Dorado	10	10	10.0	0.0%	838.6	476.5	780.8	-43.2%
Fresno	140	142	140.5	1.4%	128.5	126.4	129.9	-1.6%
Glenn	2	1	1.8	-50.0%	1,843.5	1,873.0	1,914.3	1.6%
Humboldt	13	12	12.3	-7.7%	870.5	93.6	678.2	-89.2%
Imperial	12	12	12.0	0.0%	2,202.6	1,109.9	1,982.8	-49.6%
Inyo	3	4	3.8	33.3%	509.3	184.0	382.1	-63.9%
Kern	123	126	124.3	2.4%	194.7	182.3	193.2	-6.4%
Kings	9	9	9.0	0.0%	350.9	314.2	336.1	-10.5%
Lake	4	4	4.0	0.0%	1,753.8	177.5	1,281.0	-89.9%
Lassen	2	2	2.0	0.0%	1,036.0	131.5	760.4	-87.3%
Los Angeles	2,056	2,116	2,084.0	2.9%	88.2	72.7	79.0	-17.6%
Madera	134	139	135.8	3.7%	26.9	23.6	24.9	-12.3%
Marin	44	44	44.0	0.0%	21.1	21.7	22.7	2.8%
Mariposa	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Mendocino	11	11	11.0	0.0%	91.5	79.5	96.5	-13.1%
Merced	18	19	18.8	5.6%	214.7	167.6	198.6	-21.9%
Modoc	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Mono	5	5	5.0	0.0%	154.2	91.8	151.6	-40.5%

County	Q1 2013 # of Providers	Q4 2013 # of Providers	Average Number	Percent Change	Q1 2013 Population-to-Provider Ratio	Q4 2013 Population-to-Provider Ratio	Average Ratio	Percent Change
Monterey	63	63	63.0	0.0%	75.1	67.3	66.5	-10.4%
Napa	16	16	16.0	0.0%	59.7	52.8	61.0	-11.6%
Nevada	10	11	10.5	10.0%	489.0	256.5	446.8	-47.5%
Orange	634	650	642.0	2.5%	32.7	30.1	31.6	-8.0%
Placer	87	91	88.8	4.6%	165.7	93.3	152.2	-43.7%
Plumas	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Riverside	182	181	181.0	-0.5%	237.8	239.6	244.0	0.8%
Sacramento	397	407	401.5	2.5%	63.0	57.2	61.1	-9.2%
San Benito	3	3	3.0	0.0%	1,731.3	1,137.0	1,658.7	-34.3%
San Bernardino	378	395	385.3	4.5%	135.0	128.3	133.9	-5.0%
San Diego	712	746	727.0	4.8%	67.5	66.7	68.5	-1.2%
San Francisco	484	505	493.0	4.3%	11.9	10.7	11.3	-10.1%
San Joaquin	106	105	105.8	-0.9%	147.4	121.3	133.2	-17.7%
San Luis Obispo	29	29	29.0	0.0%	66.1	55.8	63.2	-15.6%
San Mateo	153	156	155.3	2.0%	30.3	28.3	36.6	-6.6%
Santa Barbara	67	68	67.3	1.5%	71.2	60.7	61.9	-14.7%
Santa Clara	814	860	833.8	5.7%	22.4	19.1	20.7	-14.7%
Santa Cruz	34	34	34.0	0.0%	64.1	54.7	56.6	-14.7%
Shasta	16	16	16.0	0.0%	1,044.6	114.1	764.2	-89.1%
Sierra	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Siskiyou	2	1	1.3	-50.0%	2,242.0	551.0	2,713.0	-75.4%
Solano	81	81	81.0	0.0%	44.4	39.2	40.1	-11.7%
Sonoma	60	64	62.5	6.7%	64.5	53.4	58.7	-17.2%
Stanislaus	69	71	70.8	2.9%	277.9	225.9	244.8	-18.7%
Sutter	12	12	12.0	0.0%	926.4	484.4	856.2	-47.7%
Tehama	8	8	8.0	0.0%	1,000.1	508.6	905.8	-49.1%
Trinity	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Tulare	67	67	67.0	0.0%	159.5	151.7	153.2	-4.9%
Tuolumne	5	5	5.0	0.0%	670.6	356.6	614.6	-46.8%
Ventura	82	85	82.8	3.7%	99.2	82.5	96.7	-16.8%
Yolo	32	32	32.0	0.0%	69.5	64.4	69.9	-7.3%
Yuba	3	3	3.0	0.0%	3,100.7	1,598.3	2,803.8	-48.5%
Statewide	**7,915**	**8,162**	**8,027.3**	**3.1%**	**93.0**	**72.4**	**86.3**	**-22.2%**

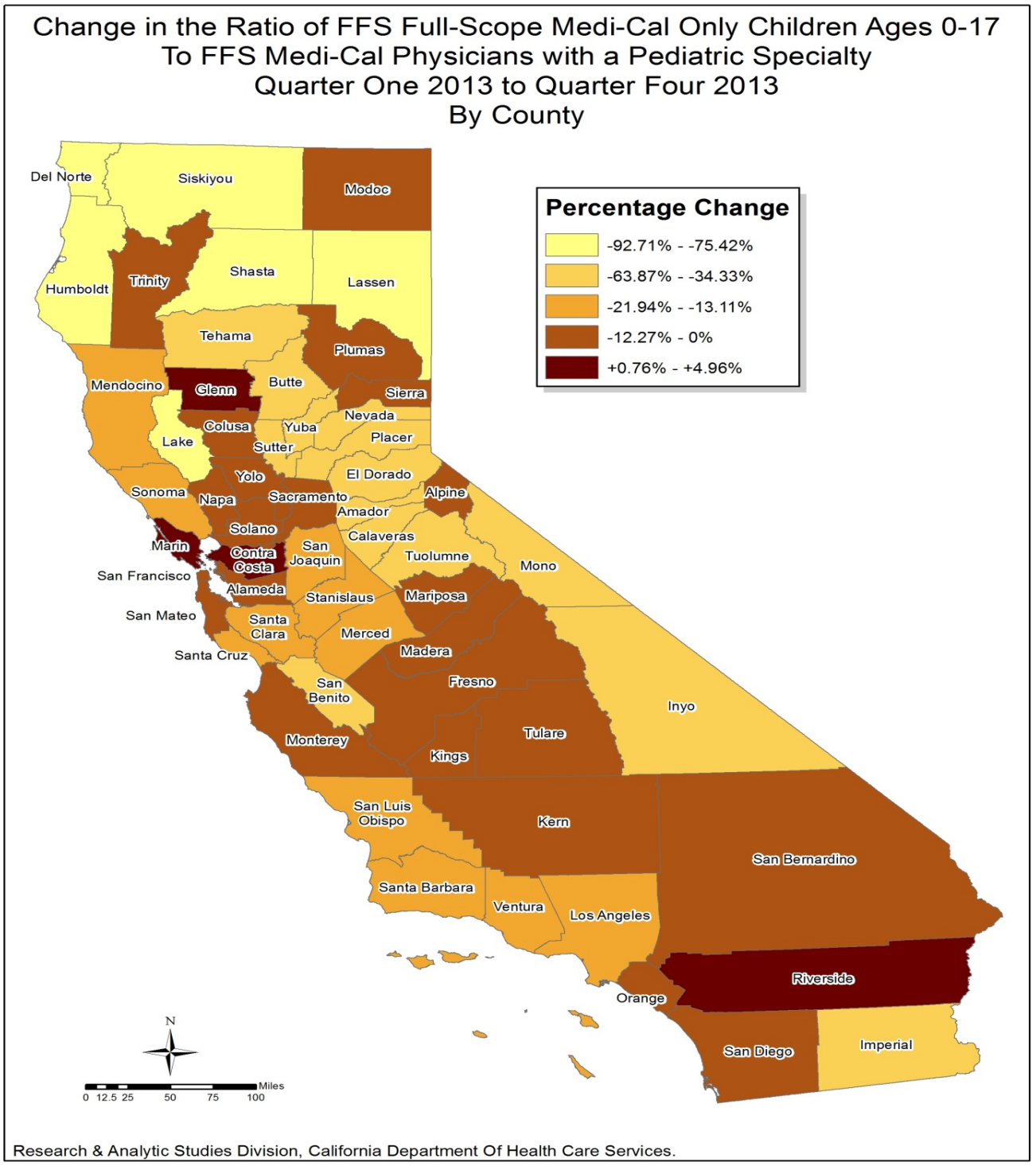
Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Figure PS-15: Percent Change in FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 1, 2013, to Quarter 4, 2013, by County



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013**.**

Figure PS-16: Percent Change in the Ratio of FFS Full-Scope Medi-Cal Only Children Ages 0–17 to FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 1, 2013, to Quarter 4, 2013, by County



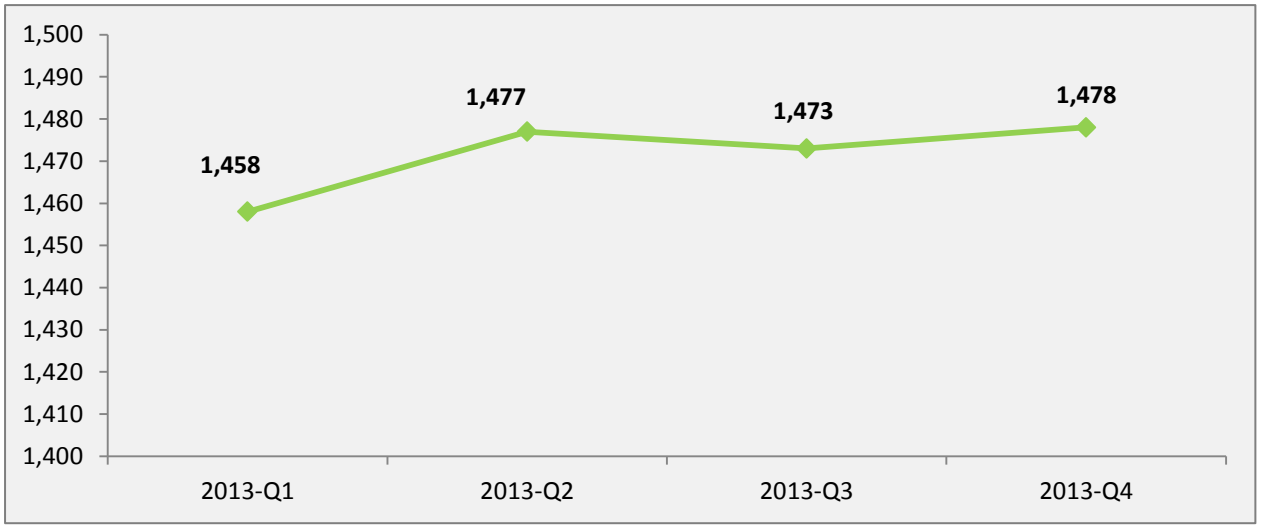
Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Outpatient Clinics

This section analyzes all outpatient clinics available to FFS Medi-Cal Only beneficiaries.

- The total count of outpatient clinics participating in FFS Medi-Cal increased 1.4%, from 1,458 to 1,478, between the first quarter of 2013 and the fourth quarter of 2013 (Figure PS-17).

Figure PS-17: FFS Medi-Cal Outpatient Clinics from Quarter 1, 2013, to Quarter 4, 2013



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of clinics for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

- The average count of outpatient clinics ranged from 1.0 in Alpine and Mono counties to 303.5 in Los Angeles County from the first quarter of 2013 to the fourth quarter of 2013 (Table PS-7).

Table PS-7: Percent Change in FFS Medi-Cal Outpatient Clinics from Quarter 1, 2013, to Quarter 4, 2013, by County

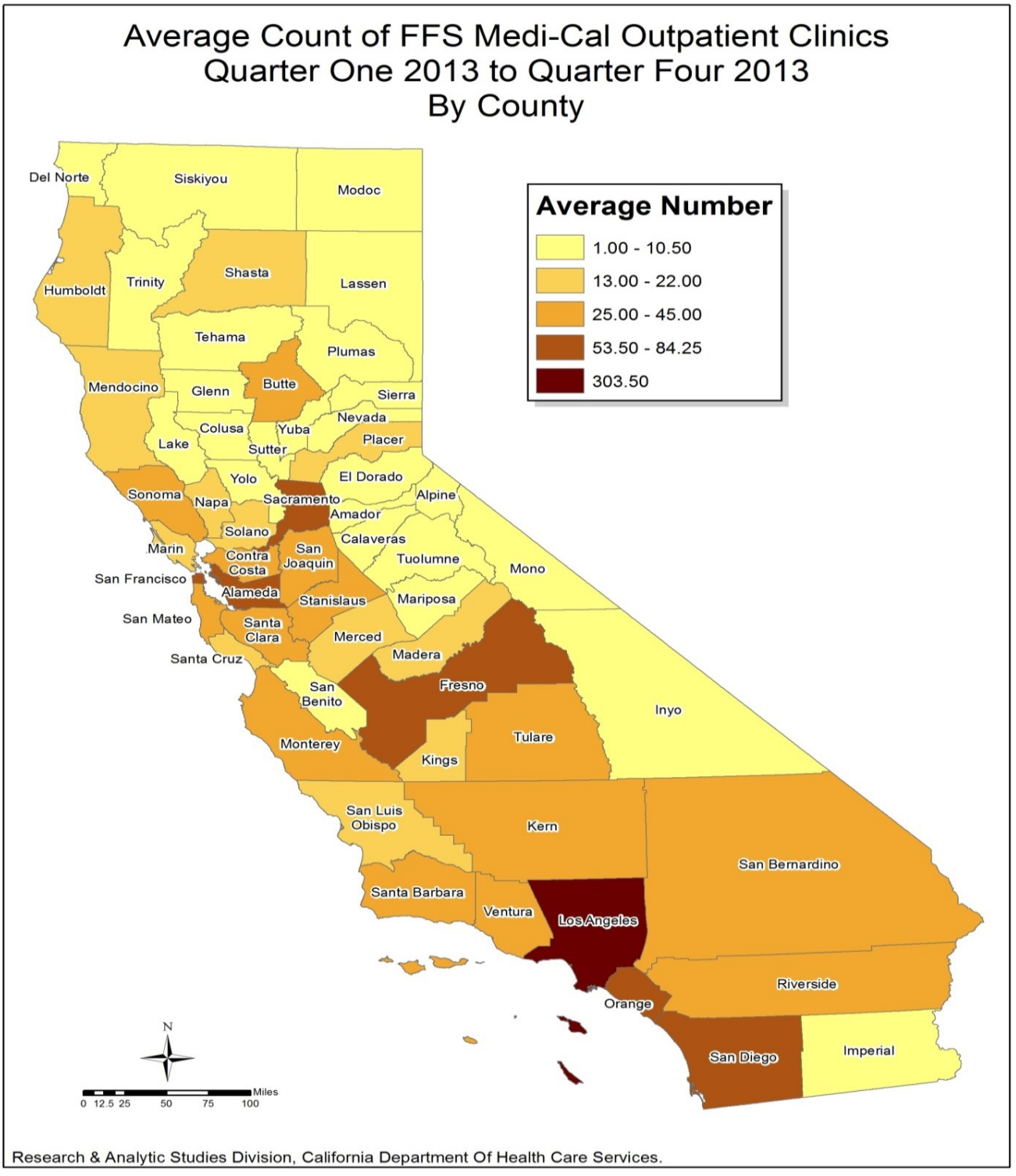
County	Q1 2013 # of Clinics	Q4 2013 # of Clinics	Average Number	Percent Change
Alameda	58	60	59.3	3.4%
Alpine	1	1	1.0	0.0%
Amador	5	6	5.3	20.0%
Butte	25	27	26.0	8.0%
Calaveras	7	7	7.0	0.0%
Colusa	5	5	5.0	0.0%
Contra Costa	32	31	31.3	-3.1%
Del Norte	4	4	4.0	0.0%
El Dorado	5	6	5.5	20.0%
Fresno	55	55	55.0	0.0%
Glenn	9	8	8.5	-11.1%
Humboldt	22	22	22.0	0.0%
Imperial	11	10	10.5	-9.1%

County	Q1 2013 # of Clinics	Q4 2013 # of Clinics	Average Number	Percent Change
Inyo	3	3	2.8	0.0%
Kern	39	39	39.0	0.0%
Kings	15	16	15.8	6.7%
Lake	7	10	7.8	42.9%
Lassen	2	2	2.0	0.0%
Los Angeles	302	299	303.5	-1.0%
Madera	15	14	14.5	-6.7%
Marin	15	15	15.0	0.0%
Mariposa	6	6	6.0	0.0%
Mendocino	14	14	13.8	0.0%
Merced	22	21	21.5	-4.5%
Modoc	3	3	3.3	0.0%
Mono	1	1	1.0	0.0%
Monterey	27	27	26.8	0.0%
Napa	13	13	13.0	0.0%
Nevada	6	6	6.0	0.0%
Orange	82	82	82.3	0.0%
Placer	13	13	13.3	0.0%
Plumas	6	6	6.0	0.0%
Riverside	39	40	39.3	2.6%
Sacramento	62	67	64.3	8.1%
San Benito	3	2	2.3	-33.3%
San Bernardino	39	41	39.8	5.1%
San Diego	78	87	84.3	11.5%
San Francisco	54	52	53.5	-3.7%
San Joaquin	26	33	29.8	26.9%
San Luis Obispo	15	17	16.0	13.3%
San Mateo	30	31	30.3	3.3%
Santa Barbara	32	32	32.0	0.0%
Santa Clara	45	45	45.0	0.0%
Santa Cruz	14	13	13.3	-7.1%
Shasta	18	18	18.0	0.0%
Sierra	3	3	3.0	0.0%
Siskiyou	6	7	6.5	16.7%
Solano	17	17	17.0	0.0%
Sonoma	27	26	26.8	-3.7%
Stanislaus	25	27	26.0	8.0%
Sutter	10	10	10.0	0.0%
Tehama	7	7	7.0	0.0%
Trinity	2	2	2.0	0.0%

County	Q1 2013 # of Clinics	Q4 2013 # of Clinics	Average Number	Percent Change
Tulare	29	26	27.3	-10.3%
Tuolumne	9	9	9.3	0.0%
Ventura	26	24	25.0	-7.7%
Yolo	7	6	6.5	-14.3%
Yuba	5	4	4.5	-20.0%
Statewide	**1,458**	**1,478**	**1,471.5**	**1.4%**

Source: Prepared by DHCS Research and Analytic Studies Division. Counts of clinics for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Figure PS-18: Average Count of FFS Medi-Cal Outpatient Clinics from Quarter 1, 2013, to Quarter 4, 2013, by County



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for October 2012 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the months of April 2013 and July 2013.

Conclusions

- The site-specific counts of FFS Medi-Cal physicians increased 3.2% from the first quarter of 2013 to the fourth quarter of 2013, while the statewide beneficiary-to-physician ratios for FFS full-scope Medi-Cal Only beneficiaries decreased 20.8% during the study period.
- Similar to the trends identified for all physicians, site-specific counts of FFS Medi-Cal primary care physicians increased 2.9% during the study period, while the ratio of FFS full-scope Medi-Cal Only beneficiaries to primary care physicians decreased 20.7%.
- The site-specific counts of FFS Medi-Cal primary care physicians with an OB/GYN specialty increased by 2.4% from the first quarter of 2013 to the fourth quarter of 2013, while site-specific counts of primary care physicians with a Pediatric specialty increased 3.1% during the study period. Of particular note, the ratio of FFS full-scope Medi-Cal Only beneficiaries to primary care physicians with an OB/GYN specialty decreased 10.2% during the study period, while the ratio of beneficiaries to primary care physicians with a Pediatric specialty decreased 22.2%.
- The overall count of outpatient clinics participating in FFS Medi-Cal increased 1.4% from the first quarter of 2013 to the fourth quarter of 2013.
- Across all analyzed provider types, small rural counties exhibited the lowest count of available FFS Medi-Cal providers during the study period, while Los Angeles County had the highest total of available FFS Medi-Cal providers.

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